

INTERSTATE COMPACT PLACEMENT REQUEST

TO: (Name and Address of Compact Administrator In Receiving State)	FROM: (Name and Address of Sending ICPC Admin.) Child and Family Services Agency Interstate Compact Unit 200 I Street SE, 2nd Floor Washington, D.C. 20003 Phone: 202-727-7956
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SECTION I – IDENTIFYING DATA

Notice is given of intent to place:	Sex	DATE OF BIRTH	ETHNIC GROUP
NAME OF CHILD			
NAME OF MOTHER	NAME OF FATHER		
NAME OF AGENCY OR PERSON RESPONSIBLE FOR PLANNING FOR CHILD		TELEPHONE NO.	
ADDRESS			
NAME OF AGENCY OR PERSON FINANCIALLY RESPONSIBLE FOR CHILD		TELEPHONE NO.	
ADDRESS			

SECTION II – PLACEMENT INFORMATION

NAME OF PERSON(S) OR FACILITY CHILD IS TO BE PLACED WITH	TELEPHONE NO.
ADDRESS	
TYPE OF CARE <input type="checkbox"/> Residential Treatment Center <input type="checkbox"/> Parent <input type="checkbox"/> Adoption <input type="checkbox"/> Foster Family Care <input type="checkbox"/> Child-caring Institution <input type="checkbox"/> Relative (Not Parent) <input type="checkbox"/> Subsidy/IV-E Assistance Relationship: _____ _____ _____ <input type="checkbox"/> Group Home Care <input type="checkbox"/> Institutional Care <input type="checkbox"/> Other: _____ <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State	

LEGAL STATUS

- | | |
|--|---|
| <input type="checkbox"/> Sending Agency Custody/Guardianship | <input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption |
| <input type="checkbox"/> Parent Relative Custody/Guardianship; | <input type="checkbox"/> Unaccompanied Refugee Minor |
| <input type="checkbox"/> Court Jurisdiction Only | <input type="checkbox"/> Other: |

SECTION III – SERVICES REQUESTED

Initial Report (If applicable) <input type="checkbox"/> Parent Home Study <input type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study	Supervisory Services: <input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	Supervisory Reports: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Upon Request <input type="checkbox"/> Other:
NAME AND ADDRESS OF SUPERVISING AGENCY IN RECEIVING STATE		

- ENCLOSED**
- | | |
|---|---|
| <input type="checkbox"/> Child's Social History | <input type="checkbox"/> Court Order |
| <input type="checkbox"/> Home Study of Placement Resource | <input type="checkbox"/> Other Enclosures |

SIGNATURE OF SENDING AGENCY OR PERSON	DATE SIGNED:
SIGNATURE OF SENDING COMPACT ADMINISTRATOR ALTERNATE	DATE SIGNED:

SECTION IV – ACTION BY RECEIVING STATE

<input type="checkbox"/> Placement May Be Made <input type="checkbox"/> Placement Shall Not Be Made	REMARKS
SIGNATURE OF RECEIVING STATE COMPACT ADMINISTRATOR OR ALTERNATE	DATE SIGNED:

DISTRIBUTION

- Sending Agency retains a copy and forward 5 copies to:
- Sending Compact Administrator retains 1 copy and forwards 4 copies to:
- Receiving Agency Compact Administrator indicates action (Section IV) and forwards 1 copy to receiving agency and 2 copies to sending Compact Administrator with in 30 days.
- Sending compact Administrator retains 1 completed copy and forwards the other completed copy to the sending Agency.